

STATE OF NEW HAMPSHIRE
DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF PUBLIC HEALTH SERVICES



Nicholas A. Toumpas
Commissioner

29 HAZEN DRIVE, CONCORD, NH 03301-6504
603-271-4507 1-800-852-3345 Ext. 4507
Fax: 603-271-3991 TDD Access: 1-800-735-2964

José Thier Montero
Director

Application for Licensure

(Please check which application you are applying for.)

☐ Lead Abatement Supervisor ☐ Lead Abatement Contractor

Type or print clearly in **INK**; attach all required documentation; and sign the application.
All sections of the application must be filled in. The signature must be in ink.
Photocopies of the signed form are **NOT** acceptable.

I. APPLICANT INFORMATION

Last Name	First Name	Middle Initial
Date of Birth	Social Security Number	(For Identification Purposes Only)
Mailing Address		Apt. #
City	State	Zip Code
Phone Number	Email	
<input type="checkbox"/> Check the box if your training is not from a New Hampshire certified training provider: Reciprocity under the provisions of He-P 1603.02.		

II. EMPLOYER INFORMATION (Information will be used on identification card.)

Employer Name		
Employer Mailing Address		Suite #
City	State	Zip Code
Employer Phone		
Employer Fax	Email	

III. LICENSING HISTORY**Yes No (Please check the appropriate box.)**

		Have you ever held a New Hampshire Lead Abatement Supervisor Lead Abatement Contractor certificate? If "Yes", please list: Date of last licensure: _____ License number: _____												
		Are you a licensed, certified, or permitted as a Lead Abatement Supervisor or Lead Abatement Contractor in any state other than New Hampshire? If "Yes" please list and <u>attach a copy with this application</u> :												
		<table border="1"> <thead> <tr> <th>State</th> <th>Licensure or Certification Date</th> <th>License or Certificate Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	State	Licensure or Certification Date	License or Certificate Number									
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Yes No

		Are there any pending or complete state, federal or local enforcement actions (i.e. Notice of Violation, Administrative Orders, Consent Decrees, Notice of Permit Revocation or Denial, or Civil or Criminal Actions) against you, which resulted from, lead base substance abatement or inspection activities within the past 10 years? If "Yes", please explain:

IV. TRAINING INFORMATION

Please complete the section below and attach documentation of the Certified Lead Abatement Supervisor or Lead Abatement Contractor training courses you have completed.

Course Title	Training Provider	Date of Completion	Exam Grade

Yes	No	Have you taken a third party examination for Lead Abatement Supervisors or Lead Abatement Contractors?
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V: CHECKLIST OF REQUIRED DOCUMENTATION

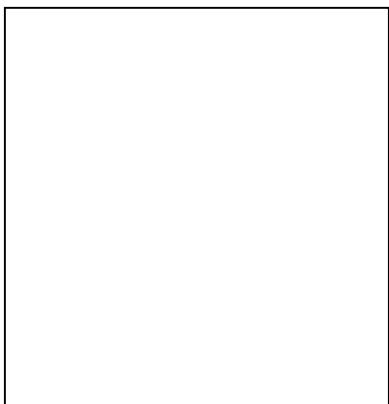
	<u>Reciprocity Applicants</u> <ul style="list-style-type: none"> ➤ Provide copies of licenses, certificates, or other documents; and ➤ List all licenses, certificates or other documents in Training Information section above; and ➤ Provide proof of receiving a score of 70 or greater on a third party examination for Lead Abatement Supervisors or Lead Abatement Contractors within the past three years; and ➤ You will be required to take a NH specific exam before a license can be issued.
	<u>New Applicants:</u> Provide resumes and/or letters of reference from current or previous employers, or records of work experience to document the required experience for which you are applying, reference He-P 1603.05 for Supervisors and He-P 1603.06 for Contractors.
	<u>Renewals:</u> A list of all Lead Abatement projects you have performed within the last 12 months stating: <ul style="list-style-type: none"> ➤ Date of the project; and ➤ Address where project occurred; and ➤ Name, address, and telephone number of the property owner; and ➤ Name and telephone number of the property owner's contact person for the project.
	Provide a current, clear and unstapled color photograph of yourself (such as passport photograph) with your name clearly printed on the back; and
	Attach copies of training certificates and/or copies of past licenses from other states with this application; and
	Make check or money order payable to "Treasurer, State of NH" in the amount of the discipline you are applying. (Supervisor \$100, Contractor \$250) <u>Applications will not be processed until all information is received.</u>

VI: MAILING INSTRUCTIONS

Send completed application to the following address:

New Hampshire Department of Health & Human Services (NH DHHS)
 Childhood Lead Poisoning Prevention Program (CLPPP)
 29 Hazen Drive
 Concord, NH 03301
 ATTN: Lead Licensing
 PHONE: 603-271-4507
 E-MAIL: yshallow@dhhs.state.nh.us or rmalcolm@dhhs.state.nh.us

VII: PHOTOGRAPH: Affix (glue, staple, or tape) a recent passport type picture here.



VIII: NOTARIZATION:

On this _____ day of _____ in the year _____,
 _____ (Applicant's name) personally appeared before me,
 who being duly sworn says that she/he is the person referred to in the foregoing
 application and that the photograph attached hereto is a true picture of self and that the
 statements made herein are true in every respect.

Signature of Applicant

Sworn to before me this _____ day of _____ in the year _____

Signature of Notary Republic

My Commission expires

IX: STATEMENT OF COMPLIANCE

I certify that I have read and understand the New Hampshire Lead Poisoning Prevention Rules (He-P 1603.03) and the Lead Poisoning Prevention Statute (RSA 130-A). I further certify that all information contained herein, including any supplements attached, is true and correct to the best of my knowledge and belief.

Application Signature

Date